

professional guide

GROWTH AND DEVELOPMENT
OF THE
PARTIALLY SEEING CHILD

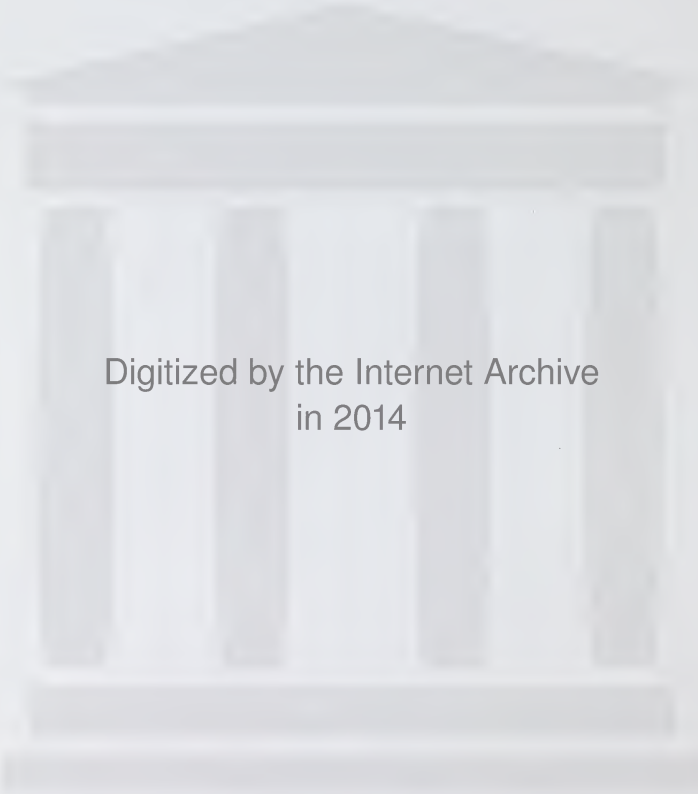
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i n t r o d u c t i o n

This pamphlet represents an initial attempt to describe some of the problems faced by the partially seeing child and by his parents. The content of this pamphlet is drawn from a series of parent discussion groups in which there was a frank exchange about the problems associated with the growth and development of the visually handicapped child, and from inquiries of parents who sought guidance from National Aid to Visually Handicapped. In the discussions, certain psychological concepts, drawn from the literature of the field, were tested against individual experiences.

It is hoped this guide will encourage the formation of similar discussion groups throughout the country. Findings of these groups might, from time to time, be added to this publication. We believe, however, that there will be value in this first venture, and we hope that professional workers in the field will write to National Aid to Visually Handicapped with their comments regarding its contents. Through this method, we will be able to bring together a wider experience.

Any approach to the problems of the partially seeing must recognize the high degree of variability which exists within the category of "visually handicapped." Any attempt to measure the handicap on the basis of visual acuity alone will prove meaningless. The functional capacity of the child to use sight varies tremendously in accordance with the visual deficiency itself, environmental factors, native endowment, and, finally, the motivation of the child. For this reason, easy generalizations are not always applicable to an individual child.

Our findings, largely derived from parent discussion groups, are reported in two publications. The Professional Guide includes diagnostic materials and information relating to the physician-patient relationship, and relationships between parents and other professionals. The Family Guide provides realistic

information for parents, and is available to the physician and other professionals upon request for office distribution. Families may also write directly to National Aid to Visually Handicapped for copies.

* * *

Parents have made the following statements regarding their initial recognition of the problem.

"We learned at about four months, primarily through the way he handled, or failed to handle objects--cradle gym, rattle, etc. He didn't seem to be able to grasp objects easily. He was active and seemed to have no other limitations. He began rocking at about the time he was able to sit up."

"We noticed that, at about six weeks, there was no reaction to light--no blinking. He also began to rock at an early age."

"We noticed at about six weeks his constant eye movement and seeming inability to focus on an object."

"We noticed the nystagmus at the end of the first month, but we did not conclude that there was a vision problem until about four months, since our pediatrician told us this was a common behavior."

"We did not learn about it until he was about 4½ months old. Since he had had multiple handicaps, we did not attach as much significance to it."

"Our first child was born with a severe visual deficiency, which was not obvious to us, nor was it recognized by our pediatrician. At four months, his handicap was discovered by another physician, who referred us to an eye specialist."

early diagnostic signs of subnormal visual acuity

The earliest recognizable sign in a visually handicapped child is an almost total lack of awareness of his surroundings. It is true that this sign is not exclusive to the visually handicapped group, but it occurs in almost all of that group. The child who is partially albinotic, that is has little pigment in the hair and skin and eyes, may keep his eyes tightly closed to avoid the severe photophobia. Some infants in this group have kept the eyes tightly closed most of the time for three or four months. Another early sign of future impaired visual acuity is nystagmus which may be present at birth. The nystagmus may be slow or rapid and is always faster if the infant is trying to locate or look at an object.

Those infants with frank anatomic defects of the eyes--colobomata, cataracts, scars from prenatal inflammation, etc.--will keep the eyes open but will have searching movements of the eyes in order to locate objects. Even fairly large objects or lights held before the eyes may not be appreciated, much less recognized.

The partially seeing infant may develop vision as high as 20/200 or 20/70 (Snellen) at the age of 9 or 10, but will seem to have almost no vision in infancy.

parent - physician relationship

Almost all of the parents who participated in the study first sought help from their family physician or pediatrician who, in turn, immediately arranged consultation with an ophthalmologist. This procedure resulted in a period of frustration and anxiety for the family which could have been lessened

had the physician been more informative in his relationship with the family. The majority of parents reported that they did not realize too clearly the nature and implications of the problem, and, as a result, they were not prepared to ask the specific types of questions which would have proved most helpful. As stated by one parent: "What I really wanted to know was what would be the long term effects on the child? Could he lead a normal life? What specific steps should we, as parents, take to assure the child the best available care?" The physician can often take a more positive role in his relationship with parents. Parents need time in an interview situation to express their feelings and to formulate, in even tentative ways, the nature of the problem as they see it at that time. The physician will recognize this need and establish a schedule where adequate time is available for full discussion with parents of the many implications of the problems presented by the visual handicap.

Our discussants universally reported that, until such a discussion had taken place, they continued to feel both anxiety and a sense of frustration as to needs and objectives in infant care, as well as a lack of direction in terms of an appropriate program for their child.

Thus, the referring physician, at the time of referral, might have avoided this anxiety on the part of the family had he briefly discussed with them his observations which led to the referral, and pointed out, at this time, his inability to be precise as to future implications until a more definitive diagnosis could be made. It might be helpful, also, if, at this time, the referring physician discussed briefly, and in a realistic fashion, certain aspects as well as implications of visual handicaps.

A central problem for the pediatrician and family physician is that of handling feelings of anxiety and guilt on the part of the parents. The unfortunate tendency is to deal with this anxiety by premature

statements of reassurance, or by attempting to avoid the emotional content. Parents should be urged to talk about the problem as they see it--to fully express their feelings. They should be assured that anxiety, frustration, and guilt are natural reactions, since discussions will often relieve the feelings of personal stigma and assist in effective planning for the child.

A minimum of two 1-hour sessions is suggested with participation of both parents. The physician should be suspicious of mere intellectual acceptance, if it has not been preceded by some expression of emotion. If the general practitioner has delivered the baby, he, himself, may have some feelings of guilt. This should be handled by talks with colleagues who can give him the support of common experience.

The physician should expect direct or implied accusatory remarks. He must be prepared to handle the situation which may arise when parents imply that he is responsible for their child's condition, and/or for their lack of understanding of the child's deficiency. Parents may also infer that the physician's failure to thoroughly inform them has caused confusion and additional frustration, which delayed their acceptance of the child. Families should be encouraged to express these feelings of frustration--whether justified or not--since such expression is often a necessary antecedent for coming to grips with the real problem. The physician, therefore, must not be discouraged if parents literally use him as a "whipping boy" to alleviate guilt, fears and frustrations which have built up within them.

One way of handling anxiety by the mother tends to exclude the father's needs. There is a strong tendency for families to break up where the mother turns to the child to the exclusion of the father, failing to recognize the father's needs for continued affection and emotional support. As one family member stated, "In a group with which I was associated, only 1 of the 13 families survived as a unit after the

birth of a disabled child." The physician should always remember that the disability of the child is a narcissistic blow. "It is difficult to accept that my child is not a 'world beater'." It should be remembered that this attitude may be the straw that breaks the camel's back of family stability.

role of the ophthalmologist and family physician

After the parents have had an opportunity to fully express their feelings, they will usually be emotionally prepared to accept a referral for diagnostic study by an ophthalmologist. This acceptance is a positive note, since it indicates that the family is moving toward more active acceptance of responsibility for working with the problem.

It is recommended that the ophthalmologist who deals with the family makes certain that the family physician is informed of his discussions with the parents. Full communication between the attending physician and the ophthalmologist is essential to assure that the family is not confused by conflicting diagnoses and recommendations. With such cooperation, the family's understanding and acceptance of the problem will be more readily effected.

During the initial period, when parents learn of their child's handicap, it may be advisable for the family physician temporarily to withhold a definite statement of the degree of ultimate disability, especially since the parents cannot, in any way, bring about improvement of the visual impairment. The family physician should impress upon the parents that they must bend every effort toward strengthening the child's emotional acceptance of his limitations, and help the child utilize his assets. The physician should encourage periodic re-evaluation and be available for discussion whenever a question arises which may call for medical intervention or consultation.

As the child approaches the school years, the physician's role becomes significantly altered. Whereas, initially, the physician was the sole authoritative source for definitive diagnosis as to the precise nature of the visual handicap, other professional groups may now assume significant leadership roles in a meaningful broadly based program for the child.

As the child reaches nursery school age, it is most important that the physician refer the parents to community resources--public and private. He should instruct parents of the need to contact the local school authorities concerning placement of the child. This is necessary since, in some communities, unless the school is notified well in advance, they may not be able to meet the educational needs of the child at the time he is ready to enter school. Referral to appropriate resources is essential at this time in order to assure that services are secured which have been especially geared for certain learning and training experiences for these children.

At this point, the physician begins to operate less as the sole professional resource, but, rather, as a significant member of a team of professionals working with the parents and the child.

Once the child enters school, cooperation on the part of the physician and school personnel must be maintained to assure the proper developmental pattern of the child.

t h e s c h o o l a n d t h e
v i s u a l l y h a n d i c a p p e d c h i l d

In formulating a school program, the emotional as well as the educational needs of the child must be taken into consideration. The school must be aware that it is working with not merely "a case of defective vision," but with a whole child. It is essential that the educator fully understands the physician's ap-

proach to the parents in order to assure that additional problems do not arise because of misunderstandings which occur through a lack of communication.

In order for the school to plan a meaningful school setting for the child, the school, at the time of its initial contact with the child, must have a well defined picture of the child's physical and emotional status. An adequate school program involves not only the child's teacher, but members of other professional disciplines who operate within the school setting. These include, among others, school nurses, psychologists, physicians, counselors, and, in certain school systems, social workers. Thus, the child's school program calls for involvement of the various team members who work with each other, with the child, and with the child's parents.

To have a desirable school setting, a preliminary assessment of the child's needs must be made so that his motivation, capacity to work, and potential are not stifled. In many schools, there is available on the staff a special teacher who has had specific training in dealing with the visually handicapped. This special teacher has the responsibility for making certain that classroom teachers and other school personnel are thoroughly informed of the child's background and needs, including any emotional problems which may arise and distort the true picture of the child's potential. In the absence of a special teacher, this must be carried out by the child's individual classroom teacher.

An important aspect of the school program is the supplying of special tools and equipment. It must be recognized, however, that these teaching aids cannot be viewed as the total teaching program. The whole child must be of continuing interest to school personnel working with him, and there should be a plan for ongoing collaboration among the various disciplines working with the child, both within

and without the school. This approach will serve to promote the goal of the child's acceptance of himself, as well as the family's continuing acceptance of the child.

When dealing with parents, school personnel should stress the importance of supporting the child's need for acceptance of his limitations, and should also impress upon the parents the need for their continuing encouragement of the child to develop to his potential.

All members of the "school team" should also make certain that all available resources and services--local, regional, and national--are made known to the child and his parents. This type of information will help ease the burden of responsibility when the need arises for securing additional aids or services for the child.

The FAMILY GUIDE follows Pages 12-22

t h e i n i t i a l p e r s o n a l
r e s p o n s e o f t h e p a r e n t

Parents of visually handicapped children often report a tremendous reaction of personal catastrophe. In contrast to the natural pride of a mother of a non-handicapped child, the tendency of the parent of a partially seeing infant is to react with feelings of guilt and depression. In addition, there may be a tendency to withdraw from the child or to reject him. Many parents admit feelings of guilt--the feeling that, perhaps, they are in part responsible for the child's handicap. Guilt feelings are often noted in those parents who regard the handicap as a form of punishment. While vision problems often reflect hereditary factors, they are not related to such behavior as neglect or mistreatment, on which rational guilt could be based.

Other parents tend to deny the problem, assuming it will resolve itself in time. Such denial of the problem may deprive the child of adequate medical help, educational assistance, and other special services which may be available to him.

Handicaps can help some parents to grow closer to one another, while, in other instances, the problem may cause them to grow apart. The latter course may be a subconscious attempt to deny any personal responsibility for the handicap, and may manifest itself by shifting the blame for the child's problem to the other parent. The over-protective parent, on the other hand, might tend to put a wall between himself and the other members of the family, and thereby give up the important role which he formerly played in the household. Thus, a child may experience over-protection or abandonment.

Obviously, none of these responses is helpful to the child. It is significant to note that parents who participated in the discussion groups reported that many of their doubts and fears were resolved, that they had gained understanding, and had risen

to the acceptance of the problem. A common result of this acceptance is the parents' increased ability to love, care for, and help the handicapped child to make progress.

s e e k i n g h e l p

Parents should take their problems to the family physician or pediatrician, who in turn can arrange for consultation with an eye specialist. As a matter of fact, regardless of whether or not there is any eye problem, every child should be seen by an ophthalmologist at or near his first birthday. If all findings are normal at this time, the next examination should be just before entering kindergarten. Subsequent examinations could be made every two or three years, so that any acquired deficiencies may be noted and treated promptly.

It is important for the partially seeing child that parents seek professional guidance, so that fears, anxieties, and frustrations may be kept at a minimum. After first learning of the child's visual deficiency, and the initial shock has subsided, many questions will come to mind. These questions should be discussed in a conference with the doctor, who can clarify and interpret some of the doubts which are commonly raised, such as: the nature of possible long term effect upon the child; whether he will be able to lead a normal life; and, the specific steps parents should take to assure the child the best available care. The physician should be able, then, to refer parents to other sources for appropriate help.

All parents of handicapped children need reassurance. They will find that the physician's initial role is of prime importance, not only in interpreting the eye condition, but in referring them to other professional personnel to deal with social, emotional, and educational problems. Through professional guidance and direction at this crucial stage, parents will

strengthen their ability to achieve a proper balance, which is essential in rearing a child with a physical limitation.

As the child grows, and the parents have an opportunity to get to "know their child," other questions will come up in regard to his future--and to the family's role in helping the child to build a strong and secure relationship within the home and the outside world. Through their contacts with professional personnel, parents will be guided to the appropriate community agencies--public and private--from whom they can secure additional information pertinent to education and other available services.

Seeking help in the form of professional guidance, therefore, is essential to afford the parent an opportunity to better understand his child and to plan intelligently for his future.

i n f a n c y a n d
e a r l y c h i l d h o o d

While he is an infant, it is almost impossible to "overlove" a child. However, parents who feel a great deal of guilt will find themselves "smothering" the child in an attempt to compensate for the natural hurt and anger over their own heartache. These feelings may retard the child's strivings for independence. The handicapped child, more than any other child, needs warm acceptance. When this is coupled with a normal parent-infant relationship, the door to future development will open. Later, as he matures, he will become a person in his own right. The parents who are so needed at first must learn to "let go" gradually.

The visually handicapped child is less distracted in his "limited world." He seems to display greater powers of concentration and tends to deal minutely with detail around him. He is also extremely sensi-

tive to noises of unknown origin which may create great anxiety and fear. Parents can compensate for many of the differences brought about from the child's visual limitation. This can be accomplished by appealing to his other senses--such as hearing, rhythm, etc., and by drawing word pictures of the objects and producing the sounds connected to them. In this way the child is able to bring into focus those objects which he may not see clearly, but which are immediately recognizable to the fully-sighted child.

The physical development of many partially seeing children follows that of a normal child in all areas except walking, which appears to be somewhat delayed. As balance is affected by impaired vision, the child's slowness in walking may be related to his visual deficiency rather than to mental retardation. The exception to a normal but slower developmental pattern is found in the child who has additional handicaps. This illustrates some of the many problems which require better understanding on the part of the parent rearing a visually handicapped child.

The first real problems occur when the child initially seeks active involvement with other children. It is here, when the cruelty of other children may appear, that differences first become apparent. The most outgoing child may be threatened when he is made to feel different and unacceptable by those whose friendship he seeks.

While one cannot avoid the problems which the child will face when he is exposed to the outside world, the traumatic impact can be eased, so that a less painful acceptance is possible. From the outset, parents should remember that a handicapped condition of this nature is not an illness. The environment of the child, under your guidance, will best prepare him for the excitement and vitality of a school setting, and helps him in his approach toward the experiences of social interplay.

To prepare him for this, a gradual exposure to social experiences will be helpful; such as trips to the

zoo, fire house, etc., planned in conjunction with the family and other children. When the child enters school, he will have to face, and accept, many problems simultaneously. Enrollment in a carefully selected nursery school will give him sound preparation in early school experience.

Parents must not prohibit reference to the child's condition, nor should they dramatize his limitations in an attempt to win sympathy for themselves or for him. It is not wise to discuss his handicap in front of him without including him in the discussion. It is never wise to emphasize it. Establishing easy communication between the parents and the child regarding his limitations will help pave the way for his questions and even for the hurts he must eventually receive. Parents must be cautioned against unconsciously restricting development of speech, as the child's need to verbalize is an important factor in helping to prepare him for his future association with other children in a play or school setting. Early communication at home will help prepare him for his own awareness of the problem, and, in turn, his knowledge can be shared, so that his friends may have a better understanding. Acceptance of the problem begins with the child's own ability to explain his handicap.

Educators are interested in knowing about any problems. To assure fulfillment of the child's educational needs, it is of utmost importance that parents seek direction from the educator before the child has entered school. Unless the school is notified well in advance, it may not be able to meet the educational needs of the child at the time he is ready to enter school. The parents, therefore, should seek the educator's advice well in advance of the child's entrance into kindergarten. This precaution may prevent placement in a class setting where his needs are not understood, and special educational services are not available. Early understanding by teachers can add much to your child's educational growth.

It is known that the handicapped child who is pampered is hampered, and thereby suffers a double handicap. Parents must be cautioned against inflicting this double handicap, keeping in mind that unwavering balance is demanded.

REMEMBER THAT THE CHILD WHO IS BORN WITH A LIMITATION IS UNAWARE OF WHAT HE IS MISSING, AND DOES NOT KNOW THAT HE DOES NOT SEE AS OTHERS. In these early years of growth, the parents must accept the child fully in order to give him the needed guidance and understanding required by any child. Without this full acceptance, permanent emotional insecurity for both may result.

Parents reported that, as the child matured, many problems they anticipated and feared did not develop in proportion to their initial feeling of anguish. With understanding and professional guidance, the visually handicapped child was able to make a good adjustment. One must not underestimate the child's own ability to compensate and to contribute to his own adjustment.

p r e - a d o l e s c e n c e

During the years preceding the junior high school period, additional problems may arise for the partially seeing child. The first signs of his handicap affecting him at school often appear during the second half of the third grade or at the fourth grade level. It is then that the size of type in the average school book becomes smaller than may be required to allow many partially seeing children to read easily. If the type size is not large enough to enable him to read without strain, emotional problems may develop which could stifle his desire to learn.

Although the partially seeing child may benefit from large print materials, and expresses his preference

for them, not all books are printed in large type. It should be recognized, therefore, that optical aids, tapes, recordings, and reader services can be supplemented when identical materials are not available in large print. It is important that parents and teachers encourage the child to take advantage of all books which are available, for, as with any child, reading enriches his growth.

His continued interest in learning is far more important than his having the identical textbooks used by his normally seeing classmates. The earlier in life he becomes aware of his limitations, the better he can cope with them as he grows older. Early parental understanding of the problem can help the child face the facts as they are, and may prevent withdrawal--withdrawal which might possibly build up to the point where permanent feelings of inferiority endanger his chances for a successful adjustment to adult life.

As the partially seeing child develops, he must be allowed to contribute to his own adjustment, rather than rely entirely on others to supply all special needs. By helping himself, he will be better prepared for the difficult schooling ahead.

At this stage in the child's development, group participation with other children can strengthen the feeling of being accepted. Joining Girl or Boy Scouts, Camp Fire Girls, or similar organizations helps the partially seeing child to develop confidence in those areas not easily acquired in the school or home environment alone. Special interests, skills, or talents should be recognized and encouraged. The child should seek active involvement in many areas outside the home, for the need to have the feeling that he is not "different" is extremely important. The older he becomes the more he needs to investigate on his own without the feeling of constant parental supervision. This attempt to be recognized as an individual by the group must be encouraged in order to prevent the child from feeling

completely alone and apart from other children. Camping during the summer months is an excellent way to help him toward attaining self-reliance.

The pre-adolescent period is often the time when school becomes more difficult and demanding--when homework either begins or increases. Although it is of prime importance that his studies be given full attention, complete separation from other children after school may cause additional emotional problems.

A well-rounded experience in many areas, without overdoing things beyond the child's ability to achieve, helps the visually handicapped child to accept his limitation, so that the years ahead, although not free of complications, may be less of a problem to face.

a d o l e s c e n c e

The teenage years are the most difficult for any child, and it is here that the partially seeing truly faces his greatest challenge. For this is the time of mounting stress in the life of any growing child--a time when he is extremely sensitive and aware of the need to conform--the time when physical awareness overshadows mental awareness. The period of adolescence can be one of extreme anxiety for the partially seeing, who faces not only the usual teenage problems, but the added strain of his physical limitation. It is here that the real feelings of security and acceptance, which have surrounded the child during his growth, will be tested.

The partially seeing adolescent keenly feels individual differences from his schoolmates, and may withdraw from active participation if he feels slighted and misunderstood. Encouraging his participation in social, school, and religious activities can increase his realization that his physical

limitation need not be a detrimental factor in being accepted by others. Dating and belonging to teen groups can be valuable.

If, at this time, the partially seeing child is unable to accept his limitations, professional guidance must be sought to insure the child's acquiring the emotional security necessary for achieving his place as a self-sufficient adult. Parents must realize that it is their responsibility to impress upon the child the importance of his accepting himself. They should explain that there are differences in each person, and those in their child need not be regarded so great that his own efforts to relate to others, to learn, and to achieve cannot compensate in many ways for his handicap.

Unfortunately, the feeling has been expressed that the future goals of a visually handicapped person are extremely limited. The question is often asked as to what careers are open to the partially seeing. Aside from those professions having self-imposed physical limitations, which could also inflict emotional distress, there are practically no restrictions to his potential achievement in his chosen career or field. We find today among our professional people visually handicapped lawyers, professors, teachers, entertainers, writers, and administrators. The child, therefore, need not be discouraged by his physical limitations, but should concentrate his efforts toward developing his potential to its fullest.

Parents must encourage independent action by their child; for, as the adolescent moves toward adulthood, he, himself, must be able to accept the responsibility for his own success.

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g u i d e l i n e s

Clarify your own feelings of guilt and anxiety. Seek professional help and the support of other parents of visually handicapped children.

The love a parent feels for his child must not be denied because of the parent's self-imposed feelings of guilt for the child's physical deficiency.

Do not fear "over-loving" your infant.

Do not underestimate the child's own ability to compensate for his limitation.

The child's early physical development may follow that of a normal child in all areas except walking. This slowness in walking may be related to his visual impairment rather than to any mental retardation.

The visually handicapped child is less distracted in his "limited world," and tends to deal minutely with detail around him.

His first real problems develop when he seeks active involvement with other children. Gradual exposure to social stress is important during the pre-school years.

Do not prohibit reference to the child's condition, but do not dramatize his limitations.

A warm and accepting family environment will best prepare him for the school setting.

Seek direction from the educator well in advance of the time the child will enter school.

Treat him as a normal child. REMEMBER! No pampering--no hampering! The child who is born with a limitation is unaware of what he is missing, and does not know that he does not see as others!

During the second half of the third grade or at the fourth grade level, the size of type in the average school book becomes smaller.

By helping himself, he will be better prepared for the difficult schooling ahead.

During pre-adolescence, the need for establishing a feeling of acceptance must again be reinforced.

The teenage years are the most difficult.

Encourage participating in social, school, and religious activities.

Stress the need for the child's acceptance of himself.

Parents must encourage independent action.

Your ophthalmologist will be able to inform you of the times when re-examination will be required. Frequent examinations, such as every two or three years, are not too often to have children's eyes checked.

NATIONAL SOURCES
OF INFORMATION AND GUIDANCE

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AMERICAN FOUNDATION FOR THE BLIND, INC.

15 West 16th Street, New York, New York 10011

Consultative services, publications and reference library for blind and deaf-blind, and appliances for personal or vocational use.

AMERICAN PRINTING HOUSE FOR THE BLIND

1839 Frankfort Ave., Louisville, Kentucky 40206

Large print textbooks, tapes, talking books, Braille books, and tangible aids.

LIBRARY OF CONGRESS, Division of the Blind

Superintendent of Documents, Washington, D.C. 20225

Recorded poetry and literature (talking books), and source of talking machines (for legally blind only).

NATIONAL AID TO VISUALLY HANDICAPPED, INC.

3201 Balboa Street, San Francisco, California 94121

Large print textbooks, library materials, and tests, and informative educational publications on the partially seeing.

NATIONAL SOCIETY FOR THE PREVENTION OF BLINDNESS, INC.

16 East 40th Street, New York, New York 10016

Professional programs in teacher and physician education; source of information for resources for the visually handicapped, including visual aids; and, related publications.

RECORDING FOR THE BLIND, INC.

215 East 58th Street, New York, New York 10022

Recorded textbooks and reading materials from elementary through college level.

STANWIX HOUSE, INC.

3020 Chartiers Avenue, Pittsburgh, Pennsylvania 15204

Large type materials.

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U.S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
Attn: Division of Handicapped Children and Youth
Washington, D.C. 20225

Information on services available on state level
relative to special education and rehabilitation.

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LOCAL SERVICES

For information, contact your local Health Council,
United Fund or Community Chest office, or Health or
Welfare Departments.

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DEFINITIONS

The present and accepted definition by the National
Society for the Prevention of Blindness, Inc. of the
partially seeing is that one is considered partially
seeing if his vision in the better eye, even with the
aid of eye glasses, is 20/70 or less, and who can use
vision as his chief channel of learning.

*

The legal definition of blindness is:

"Central visual acuity of 20/200 or less in the bet-
ter eye with best possible correction, or a field
defect in which the widest diameter of the visual
field subtends an angular distance no greater than
20 degrees."*

*Blindness as recorded in the National Health
Survey, from "PUBLIC HEALTH REPORTS" 56:2191,
November 14, 1941

e d i t o r i a l c o m m i t t e e

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e d u c a t i o n a l

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